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PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	L-tech-112
	First Inventor or Application Identifier	Ferrell, Gary W.
	Title	Method And Device For Measuring Cavitation
	Express Mail Label No.	EL 47414010849

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 14] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]	ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none">7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)9. <input type="checkbox"/> English Translation Document (if applicable)10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]11. <input type="checkbox"/> Preliminary Amendment12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)13. <input checked="" type="checkbox"/> * Small Entity Statement(s) [Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)]14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)15. <input type="checkbox"/> Other:
4. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____
Prior application information: Examiner _____		Group / Art Unit: _____	

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below
Name	Timothy H. Gens The Technology Law Group	
Address	265 Cambridge Avenue Box 61029	
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Country	USA	Telephone (650) 813-1800 Fax (650) 813-1505

Name (Print/Type)	Timothy H. Gens	Registration No. (Attorney/Agent)	29153
Signature	<i>Timothy H. Gens</i>	Date	7-10-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Ferrell, Gary W.
Group Art Unit	
Examiner Name	
Attorney Docket Number	L-tech 112

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION**1. FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee	345.00
106 330	206 165	Design filing fee	
107 540	207 270	Plant filing fee	
108 790	208 395	Reissue filing fee	
114 150	214 75	Provisional filing fee	
SUBTOTAL (1)			(\$) 345.00

2. CLAIMS

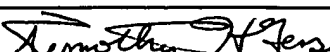
Total Claims	Extra	Fee from below	Fee Paid
<input type="text"/>	-20 =	<input type="text"/>	<input type="text"/>
Independent Claims	- 3 =	<input type="text"/>	<input type="text"/>
Multiple Dependent Claims		<input type="text"/>	<input type="text"/>

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 22	203 11	Claims in excess of 20	
102 82	202 41	Independent claims in excess of 3	
104 270	204 135	Multiple dependent claim	
109 82	209 41	Reissue independent claims over original patent	
110 22	210 11	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 950	217 475	Extension for reply within third month	
118 1,510	218 755	Extension for reply within fourth month	
128 2,060	228 1,030	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,320	241 660	Petition to revive - unintentional	
142 1,320	242 660	Utility issue fee (or reissue)	
143 450	243 225	Design issue fee	
144 670	244 335	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))	
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL (3)			(\$)

* Reduced by Basic Filing Fee Paid

SUBMITTED BYTyped or Printed Name **Timothy H. Gens**Signature Date **7-10-00****Complete (if applicable)**Reg. Number **29,153**

Deposit Account User ID

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: GARY W. FERRELL

U.S. Serial No:

Group Art Unit:

Date Filed:

Examiner:

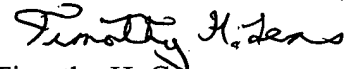
Title: "METHOD AND DEVICE FOR MEASURING CAVITATION"

Assistant Commissioner of Patents
Washington D. C. 20231

CERTIFICATE OF EXPRESS MAILING

I certify that the above-identified patent application, including an executed Declaration for Patent Application, an executed Verified Statement Claiming Small Entity Status, and a check for \$345.00 are being deposited by me with the U. S. Postal Service for Express Mail Service, Express Mail Receipt No. EL 474140108US with postage prepaid and addressed to Commissioner of Patents and Trademarks, Washington D.C. 20231, at Moffett Field California on July 10, 2000.

Date: 10 July 2000



Timothy H. Gens
Registration No. 29153
Patent Attorney for Applicant